

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-16-03.

I. DISPUTE

Whether there should be reimbursement for DME items, E0747 and L0565.

II. FINDINGS

The respondent denied reimbursement based upon “M-The reimbursement for the service rendered had been determined to be fair and reasonable based on billing and payment research and is in accordance with Labor Code 413.011(b); and N – A reduction was made because a different provider has billed for the exact services on a previous bill.”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-20-02	E0747	\$5900.00	\$3465.00	M	DOP	Section 413.011(b)	The requestor supported amount billed complied with Section 413.011(b), the difference between amount billed and amount paid = \$2435.00.
6-20-02	L0565	\$1300.00	\$0.00	N	DOP	Section 413.011(b)	<p>The requestor contends that payment was denied because a different provider had billed for the exact services on a previous bill which patient never received after technicians verified with him.</p> <p>The prescription from the doctor was for a lumbar brace and spinal growth stimulator. The requestor provided service per prescription.</p> <p>The requestor supported amount billed complied with Section 413.011(b), the difference between amount billed and amount paid = \$1300.00.</p>
TOTAL							The requestor is entitled to reimbursement of \$3735.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) E0747 and L0565 in the amount of **\$ 3735.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$3735.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division